

<h2 style="margin: 0;">CLAIMS ONLY</h2>				Application Number <div style="font-size: 24pt; font-family: cursive;">10/816289</div>		Filing Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
				Applicant(s) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
* May be used for additional claims or amendments							

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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